

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201

Office: 410.767.7871 Fax: 410.333.8408

| CHILD | PI.A | CEMENT | AGENCY | REPORT |
|-------|------|--------|---------------|--------|
| | | | | |

| Provider Organization: Parker Therapeutic Services | | | | | | | | | |
|--|--|---|-----------------------------|------------------------|----------------------------|--|--|--|--|
| Licensing Agency: DHS Contracting Agency(s): DHS | | | | | | | | | |
| Name of Chief Administrator: Deanna Di | Email: d.dishman@parkertxservice.com | | | | | | | | |
| License Type: Treatment Foster Care Type of Inspection: Quarterly | | | | | | | | | |
| Name and Address of CPA Office | License Capacity | DHS Contract Limit | Census by Placing Agency | License#/ Exp. date | Date of site Inspection | | | | |
| Parker Therapeutic Services, Inc. 940 Madison Avenue | Unlimited | 40 | 44 | #00372 3/16/2020 | 9/17/18 | | | | |
| Inspection Summary | | | | | | | | | |
| Number of Records Reviewed: Youth 5 Staff 0 Foster Parent 6 Adoptive Parent 0 | | | | | | | | | |
| Number of Interviews: Youth 0 Staff 0 Foster Parent 0 | | | | | | | | | |
| CPA Office Inspection: Approved | | | | | | | | | |
| Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 0 | | | | | | | | | |
| Current COMAR Violation: Yes X No | | | | | | | | | |
| If Yes, list Cited Violation(s) below: | | | | | | | | | |
| Violation(s) | | | Findings | | | | | | |
| 07.02.21.08 A2 | 1 out of 5 reco | ords did not have documentation of a continued treatment plan | | | | | | | |
| 07.05.02.17A(1) | 1 out of 5 records did not have documentation of a physical exam | | | | | | | | |
| 07.05.02.17.A(7) | 05.02.17.A(7) 1 out of 5 records did not have documentation of a vision exam | | | | | | | | |
| 7.05.01.13.B(4) 1 out of 5 records reviewed did not have documentation of a medical exam | | | | | | | | | |
| 07.05.02.18D(8) 07.05.02.18D(4) | 7.05.02.18D(8) 1 out of 5 records did not have documentation of education records 1 out of 5 records did not have documentation of legal documents | | | | | | | | |
| Corrective Action Plan: Yes X No If yes, date of CAP: 10/17/18 Any Violations During Mid or Re-Licensure Periods: Yes No N/AX | | | | | | | | | |
| If Yes See Report (s) Date(s): | | | | | | | | | |
| Complaint Outcome: NA | | | | | | | | | |
| Current Status of License: Continued | | | | | | | | | |
| Licensing Coordinator: Patricia Sparrow D | eate: 10/3/18 | Emai | l: patricia.sparrow | @maryland.g | <u>(OV</u> | | | | |

Program Manager: Richard Berger

Date:

10/3/18

Email:

richard.berger@maryland.gov

